DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
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ARLINGTON, VA 22204-1382

NGB-ARP

2 April 1996

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: (All States Log Letter P96- 0047) Guide for Immunization Procedures

1. References:

a. AR 40-562 Immunizations and Chemoprophylaxis, 1 November 1995

b. AR 40-61 Medical Material Management, 25 January 1995

c. Memorandum, HSL-P, dated 10 April 1992 - Subject: Implementation Guidance - New Federal Requirements for Informed Consent for Selected Immunizations.

d. FORSCOM Regulation 770-2, chapter 3.

e. Memorandum, MCHO-CL-W, dated 22 May 1995 - Subject: Use of Havrix.

2. Vaccine Administration Procedures.

a. States are required to provide guidance to medical personnel concerning the required procedures for vaccine administration IAW AR 40-562.

b. Maintenance of ARNG soldiers in a current immune status is a command responsibility. Each State Surgeon must assure that medical personnel providing immunizations have a complete orientation on immunizations and chemoprophylaxis procedures IAW AR 40-562.

c. The following requirements must be met when immunizations are being administered:

(1) Supervision of vaccine administration must be by a MC, PA, or AN.

(2) Ensure currently published standards for adult and pediatric immunizations, and chemoprophylactic practices are followed.

(3) Ensure policies and procedures for creating and maintaining immunization records are followed.

(4) Ensure health care providers administering immunizations are properly trained. This includes training on the use of Jet Injectors as applicable.

(5) Soldiers will remain in the immediate area no less than 15 minutes after receiving any immunization.

(6) Assure health care providers who are certified at minimum in basic cardiopulmonary resuscitation and treating anaphylaxis are immediately available to respond to adverse events resulting from immunization.

(7) Minimum medical supplies to be available at immunization sites include 1:1,000 epinephrine, a beta agonist inhaler such as Albuterol, injectable Benadryl, oxygen, IV solutions with the appropriate administration sets, blood-pressure cuff, stethoscope, tongue depressors, penlight and tourniquets.

(8) Personnel administering immunizations will be familiar with the local EMS system, activation procedures, their capabilities, and estimated response time. They will have the capabilities to activate the system in the event of any emergency.

(9) Each individual being immunized will complete the Contraindication Checklist before receiving any vaccines and this will be placed in their medical record.

(10) Medical facilities or immunization teams must brief soldiers prior to administering immunizations, IAW Federal Register, Volume 56, No. 199, Tuesday October 15, 1991. 1b was issued by Headquarters, United States Army Health Services Command, and contains the directives and informational packets that are required for complying with federal requirements. The informational brochures, consent forms, and Vaccine Adverse Event Reporting System (VAERS) forms are included in Enclosure 1 and are to be locally reproduced after insertion of appropriated local identifiers.

(11) Unauthorized mixing. Separately manufactured immunizing agents will not be mixed in a vial or syringe for the purpose of providing a single injection.

(12) Concurrent administration. Inactivated vaccines may be given simultaneously at different anatomical sites without any alteration in immunological response. However, concurrent administration of vaccines frequently associated with local or systemic reactions may result in increased adverse side effects.

(13) Simultaneous administration of live virus vaccines. Minimum 30-day period between doses of live virus vaccines is desirable to ensure optimal immunological response. If such an interval cannot be maintained, live virus vaccines are administered simultaneously at separate anatomical sites.

(14) Intervals. The prescribed time intervals between individual doses of an initial immunization series will be regarded as optimal and will be adhered to as closely as possible. If delays prevent completion of a series within the prescribed time, the next dose will be administered at the earliest opportunity. A new series will not be started. Minimum intervals will not be reduced.

3. G6PD testing policy. The Army does not have a policy to routinely test for G6PD deficiency. Soldiers with a G6PD deficiency do have a possibility of developing an adverse reaction to primaquine and several other drugs, including sulfonamides, aspirin, and phenacetin, consisting of a hemolytic reaction due to red cell membrane damage. Soldiers with a known adverse reaction to primaquine or sulfonamides or fava beans should not be given the chloroquine/primaquine combined prophylaxis. Soldiers fearing drug reaction should be counseled in detail about the risks (which are statistically very small even in G6PD deficient individuals), and provided G6PD testing on an individual basis if this is available through a military medical facility. First symptoms of hemolysis are dark urine and/or jaundice. Soldiers who have a valid medical reason for possible adverse reaction to primaquine prophylaxis will be evaluated by a medical officer on a case by case basis. Soldiers not taking primaquine prophylaxis should be under close supervision for development of later symptoms of malaria.

4. Pregnancy concerns.

a. A pregnancy screening test is not routinely required prior to administering vaccines or toxoids, including live virus vaccines, to females of childbearing age. Take the following precautions to avoid unintentional immunizations during pregnancy.

Ask if pregnant. If the answer is "yes" or "maybe" exclude from immunization. If the answer is "no" immunize. If a live virus is administered, counsel the individual to avoid becoming pregnant for three months and document in the SF 600.

b. Current Army policy is that pregnant soldiers are not deployable. Because of the increased risk of fetal complications from both malaria and malaria prophylaxis, pregnancy soldiers will not be electively assigned to malaria endemic areas. This will receive command emphasis. Female soldiers will be cleared by interview with a medical officer immediately prior to OCONUS deployment, and additional examination to include pregnancy testing if appropriate, prior to OCONUS assignment, may be required on a case by case basis.

5. Adverse reactions.

a. Describe in detail severe adverse reactions to immunizing agents and prophylactic drugs in the individuals health record.

b. Mandatory information consists of identification of the biological agent, lot number and manufacturer, date of administration, name and location of the medical facility and the type and severity of the reaction.

c. Health care providers are required by the National Vaccine Injury Compensation Program to report reactions to the Vaccine Adverse Events Reporting System (VAERS) of the Department of Health and Human Services using Form VAERS-1, enclosure 2. VAERS forms and information can be obtained by calling 1-800-822-7967.

6. Vaccine and Chemoprophylaxis Requirements.

a. The following immunizations are considered the Basic Series and are required to be in current status for **all** members of the Army National Guard.

Immunization	Booster Requirement
Tetanus/Diphtheria	10 years
Measles-Mumps-Rubella	Once. Not required if born before 1956.
Oral Polio Vaccine	One booster as an adult.

b. Special requirements:

(1) Alert forces designated to be in a state of readiness for immediate deployment to any area outside of the US, including units and individuals required to be in a state of readiness for immediate deployment within 30 days or less of notification will be maintained for the following immunizations.

Immunization	Booster Requirement
Typhoid	3 years (SC,IM) 5 years (oral)
Yellow Fever	10 years

7. Immunization Dose Requirements and Schedule

A schedule for administration and dose requirements is listed in enclosure 2.

8. Ordering, Storage, and Disposition of Vaccines.

a. Ordering vaccines. Vaccines and supplies for immunizations, including the emergency kit will be ordered by the Unit Administrator after consulting with the AMEDD Officer regarding requirements. They will assure proper storage of vaccines and supplies.

b. Storage of Vaccines.

Oral Polio Vaccine	Always below 0 C./ 32 F. When possible -18 to -15 C./ 0-5 F.
Yellow Fever	Always below 0 C./32 F. When possible -18 to -15 C./0-5 F. Discard unused vaccine 1 hour after reconstitution.
Measles-Mumps-Rubella	2-8 C./35.6-46.4 F. Can withstand 0 C./32 F. Must be stored in a dark place.
Varicella	Must be stored frozen at -15 C./5 F. Store diluent refrigerated or room temperature. Discard unused vaccine 30 minutes after reconstitution.
Other biologicals	2-8 C./35.6-46.4 F. Discard if accidentally frozen.

C. Identification and disposition of suspect vaccines.

(1) Shipments will not be accepted for use if there is a change in the physical appearance of the vaccine. Shipments that are suspected to have been subjected during shipment or storage to temperatures at variance from those required will be withheld from issued and use.

(2) A request for disposition instructions citing identifying data, circumstances, and deficiencies will be forwarded to the supply source.

(3) Under certain field conditions and other extenuating circumstances, refrigeration holding capabilities may be less than adequate. Under these conditions, and product suspected of not being properly refrigerated will be discarded.

(4) Dispositions of used vaccine vials. All live vaccine containers should be handled as infectious wastes. When these items are discarded, they should be burned, boiled or autoclaved.

d. Supply storage and disposition.

(1) As per AR 40-61, Chap 3-9, prescription pharmaceuticals and medically sensitive items (to include Note "Q" and "R" items, syringes, needles, and catheter units) will be properly stored and secured, in a locked container with key control.

(2) Syringes and needles should not be recapped and will be disposed in a container specifically designated for that purpose. They will be burned, boiled, or autoclaved.

9. Publications. Each State Surgeon's Office will obtain yearly the most recent copies of Health Information for International Travel, HHS publication No. CDC 94-8280 (or most current update), and General Recommendations on Immunizations, Recommendations of the Advisory Committee on Immunization Practices (ACIP), Morbidity and Mortality Weekly Reports (MMWR) 1194, 43 No. RR -1 (or most current update). These can be ordered through STARC Administrative Services (Publications). The mailing address of CDC for publications is: Center for Disease Control and Prevention, National Center for Infectious Disease, Division Quarantine (E-03), Attention: Traveler's Health Section, Atlanta, Georgia 30333.

10. NBG-ARP-H Guidance. NGB-ARP-H has access to the military channels with information on all disease areas and will respond promptly to inquiries on appropriate immunizations, malaria prophylaxis, and other preventive medicine measures.

11. This guidance expires 1 April 1997 unless sooner rescinded.

12. The POC is COL Canter DSN 327-7144, CML 703-607-7144 or CPT Darnell, Health Care and Physical Standards Branch, DSN 327-9534, CML 703-607-9534.

FOR THE CHIEF, NATIONAL GUARD BUREAU:

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COL, FS, GS
Chief Surgeon, Army National Guard

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as

NGB-ARP
SUBJECT: (All States Log Letter P96- 0047) Guide for Immunization Procedures

DISTRIBUTION:
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VAERS

P.O. Box 1100, Rockville, MD 20849-1100
PATIENT IDENTITY KEPT CONFIDENTIAL

VAERS Number _____
Date Received _____

Patient Name:
Last First M.I.

Address

City State Zip

Telephone no. (____)____

Vaccine administered by (Name):

Responsible Physician _____

Facility Name/Address

City State Zip

Telephone no. (____)____

Form completed by (Name):

Relation to Patient ☐ Vaccine Provider ☐ Patient/Parent ☐ Manufacturer ☐ Other

Address *(if different from patient or provider)*

City State Zip

Telephone no. (____)____

1. State	2. County where administered	3. Date of birth mm dd yy	4. Patient age	5. Sex ☐M ☐F	6. Date form completed mm dd yy
		/ /			/ /

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:
- ☐ Patient died (date ___/___/___ mm dd yy)
- ☐ Life threatening illness
- ☐ Required emergency room/doctor visit
- ☐ Required hospitalization (_____days)
- ☐ Resulted in prolongation of hospitalization
- ☐ Resulted in permanent disability
- ☐ None of the above

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

10. Date of vaccination mm dd yy Time _____ AM PM

11. Adverse event onset mm dd yy Time _____ AM PM

12. Relevant diagnostic tests/laboratory data

13. Enter all vaccines given on date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses
a.					
b.					
c.					
d.					

14. Any other vaccinations within 4 weeks of date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a.						
b.						

15. Vaccinated at:
☐ Private doctor's office/hospital ☐ Military clinic/hospital
☐ Public health clinic/hospital ☐ Other/unknown

16. Vaccine purchased with:
☐ Private funds ☐ Military funds
☐ Public funds ☐ Other /unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

20. Have you reported this adverse event previously? ☐ No ☐ To health department ☐ To doctor ☐ To manufacturer

Only for children 5 and under

22. Birth weight ____ lb. ____ oz.

23. No. of brothers and sisters

21. Adverse event following prior vaccination (check all applicable, specify)

	Adverse Event	Onset Age	Type Vaccine	Dose no. in series
☐ In patient				
☐ In brother or sister				

Only for reports submitted by manufacturer/immunization project

24. Mfr. / imm. proj. report no.

25. Date received by mfr. / imm. proj.

26. 15 day report? ☐ Yes ☐ No

27. Report type ☐ Initial ☐ Follow-Up

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Vaccine Injury Table. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

Form VAERS -1

Encl 1